COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH

PHARMACY SERVICES

F.A.Q. Sheet
(Frequently Asked Questions)

Changes in DMH operation that affect prescriptions involving potential polypharmacy with specific highly expensive antipsychotic medications.

1. Question: Which DMH clients may be affected by these pharmacy operational changes?

Answer: Those who may be affected are uninsured clients who receive prescriptions for multiple highly expensive antipsychotic medications within three weeks of each other. The specific medications involved are Aripiprazole (Abilify), olanzapine (Zyprexa), quetiapine (Seroquel), risperidone (Risperdal), and ziprasidone (Geodon). Paliperidone (Invega) will also be included if accepted on the DMH formulary.

2. Question: How will DMH clients be affected?

Answer: Affected DMH clients will no longer routinely receive some of the polypharmacologic regimens currently funded through the uninsured medication budget. The Prescription Authorization and Tracking System (PATS) will not process attempts to enter a prescription for a medication from the specified group through use of PATS when a different medication from that group has been entered into PATS within the last three weeks (or when a refill is available for a different medication from that group), unless a Treatment Authorization Request (TAR) has been approved. For prescriptions not entered into PATS, pharmacies will likely require uninsured DMH clients to provide alternative payment before dispensing highly expensive antipsychotic medications when another prescription or refill for a different medication from the specified group has been filled within the last three weeks, unless notified of a TAR approval.

3. Question: How can a prescriber enter a prescription for a highly expensive antipsychotic medication into PATS for an uninsured client who has been previously prescribed a different medication from this group?

Answer: A new highly expensive antipsychotic medication can be entered into PATS for a client previously prescribed a different medication from this group under either of the following conditions:

a. At least 21 days have elapsed since the previous filled prescription was entered, and all unfilled prescriptions and refills have been cancelled.
b. A TAR has been approved.

4. Question: Will these changes also affect new prescriptions of the same medication at different dose strengths?

Answer: No. The changes only effect prescriptions for multiple medications from this group.

5. Question: Are DMH clients with Medi-Cal affected?

Answer: No. Only clients who receive medications from the DMH uninsured pharmacy budget are affected.

6. Question: How can the impact of such operational changes be minimized?

Answer: Polypharmacy involving multiple highly expensive antipsychotic medications could be minimized in cases where the medication costs are borne by DMH. In cases where this form of uninsured polypharmacy is prescribed, available samples or vouchers may be used. Uninsured patients receiving multiple medications from the specified group should be prioritized for benefits establishment.

7. Question: Can other forms of polypharmacy be entered into PATS and funded?

Answer: Yes. The only polypharmacy affected is that involving specific highly expensive antipsychotic medications. Clozapine is not included in the specific group of medications because procedures for prescribing and titrating the medication may more often be facilitated by temporary use of other expensive antipsychotic medications.

8. Question: Will the PATS accept (and will pharmacies be fully reimbursed for dispensing) simultaneous prescriptions for both one highly expensive antipsychotic medication and one or more antipsychotic medications that are not in this group?

Answer: Yes. PATS will accept such entries, and pharmacies will be reimbursed for filling such prescriptions, assuming that the pharmacies meet other existing DMH contractual requirements.

9. Question: Does this change affect reimbursement for cross-titration of highly expensive antipsychotic medications?

Answer: Yes, in cases where cross titration involves the simultaneous prescription of two or more medications from the specified group.

10. Question: When a prescriber determines that an uninsured DMH client requires a switch to a different antipsychotic medication within three weeks of having prescribed a first highly expensive antipsychotic medication, will a prescription for a different medication from the specified group be accepted in PATS and be reimbursed?

Answer: No. The new prescription is routinely accepted by PATS and reimbursed by DMH only in instances where it is not for a highly expensive antipsychotic medication. Antipsychotic

medications not in the specified group are routinely accepted by PATS and reimbursed in such instances.

11. Question: Is there a mechanism to submit a TAR to override the new edit in PATS or to reimburse contracted pharmacies for dispensing antipsychotic medications that are no longer routinely entered into PATS or reimbursed?

Answer: Yes. TARs are available for use when a prescriber believes that the new procedures may cause an unacceptable "disruption in the process of care." The TAR is approved when it contains specific information that adequately supports this belief, and new forms are available for recording the necessary information. One form is for recording requests to use ongoing polypharmacy with two highly expensive antipsychotic medications; the other is for instances when a switch from one of these medications to another within 21 days of the first prescription is requested. Grounds for TAR approval are a well-supported belief that DMH funding of such practice in a specific case is the only way to avoid unacceptable disruption in the process of care. For both sorts of requests, the TAR should demonstrate that there is no alternative source of reimbursement, including Medi-Cal, and there is no way to secure sample medication or vouchers. Additional information is specific to each of two kinds of request, and is detailed in Questions 13 and 14. A copy of the identified entries in the medical record that support these beliefs must be attached. It must also be accompanied by an outline of a reasonable plan to address these conditions, or a description of why they cannot be addressed. The TAR must be approved by the supervising psychiatrist (or regional medical director in cases where there is no supervising psychiatrist) responsible for the program in which the polypharmacy is being practiced prior to its submission to the DMH Pharmacy Bureau for review.

12. Question: What is the definition of "disruption in the process of care"?

Answer: Disruption in the process of care denotes adverse consequences stemming from changes in treatment caused by factors external to treatment. External factors might include such things as a change in appointment time, a change in therapist, a change in medication, or a change in clinic. Some disruptions are unavoidable and some are tolerable but potential disruption in the process of care that is unacceptable should be mitigated whenever possible.

13. Question: What is the basis for TAR approval to override PATS edits related to polypharmacy with multiple highly expensive antipsychotic medications?

Answer: While there are no evidence-based clinical justifications for polypharmacy with multiple highly expensive medications, grounds for TAR approval is a well-supported belief that DMH funding of such practice in a specific case is the only way to avoid unacceptable disruption in care. The following conditions must be demonstrated: 1) there is no alternative source of reimbursement; 2) there is no way to secure sample medication or vouchers; and 3) there is a reasonable basis for belief that substituting monotherapy or alternative polypharmacy that does not involve simultaneous use of two highly expensive antipsychotic medications will cause unacceptable care disruption. The TAR must be completed by the prescriber, and a copy of the

identified entries in the medical record that support these beliefs must be attached. It must also be accompanied by an outline of a reasonable plan to address these conditions, or a description of why they cannot be addressed. The TAR must be approved by the supervising psychiatrist (or regional medical director in cases where there is no supervising psychiatrist) responsible for the program in which the polypharmacy is being practiced prior to its submission to the DMH Pharmacy Bureau for review.

14. Question: What is the basis for TAR approval to override PATS edits related to highly expensive antipsychotic medication that is written within three weeks of a prescription for a different highly expensive antipsychotic medication?

Answer: Grounds for TAR approval is a well-supported belief that DMH funding for a switch from one highly expensive antipsychotic medication to another highly expensive antipsychotic medication is the only way to avoid unacceptable disruption of care. The following conditions must be demonstrated: 1) there is no alternative source of reimbursement; 2) there is no way to secure sample medication or vouchers; 3) there has been an unfavorable response to the current specified medication that requires an immediate change to a different medication, rather than dose adjustment; and 4) there is a reasonable basis for the belief that prescribing an alternative psycho-pharmacologic therapy using other antipsychotic medications that are not in the specified group will cause unacceptable care disruption. The TAR must be completed by the prescriber, and a copy of the identified entries in the medical record that support these beliefs must be attached. It must also be accompanied by an acceptable outline of the plan to address these conditions, or a description of why they cannot be addressed. The TAR must be approved by the supervising psychiatrist (or regional medical director in cases where there is no supervising psychiatrist) responsible for the program in which the polypharmacy is being practiced prior to its submission to the DMH Pharmacy Bureau for review.

15. Question: Will there be additions or changes to the new funding policies?

Answer: Yes. The purpose of the new funding policies is to reduce the use of expensive treatment that has no evidence base, and to do so in a manner that least disrupts the process of care. Modification of the policies will occur whenever ways to better achieve these objectives become apparent, and as evidence for effectiveness of various practices accumulates in the clinical literature.